

Nutrition and Physical Activity Policy for Organizations Pre-Survey

Company Name:_____ Date:_____

Contact Name:_____ Phone Number:_____

1. Approximately how many meetings or sponsored events did you have over the past three months where food was served? _____

2. What percent of the time were you able to offer?

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0 - 25% of <input type="checkbox"/> <input type="checkbox"/>	26 - 50% of <input type="checkbox"/>	51 - 75% of <input type="checkbox"/>	76 - 100% of
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	the time <input type="checkbox"/> <input type="checkbox"/>	the time <input type="checkbox"/> <input type="checkbox"/>	the time <input type="checkbox"/> <input type="checkbox"/>	the time

Water and/or
100% fruit or ☐
vegetable
juice

☐

☐

☐

☐ ☐

Fruit and/or ☐
vegetables

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☐

☐

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Physical
activity breaks
for meetings ☐
or programs
longer than 90
minutes?

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